



MISSOURI DEPARTMENT OF REVENUE
DRIVER AND VEHICLE SERVICES BUREAU
STATEMENT OF TRUST

FORM

4441

(REV 2-03)

1. The following Trust is the subject of this statement:

TRUST NAME

TRUST DATE

FEDERAL TRUST I.D. NUMBER OR SOCIAL SECURITY NUMBER (OPTIONAL)

2. The Trustee(s) currently serving are:

NAME

NAME

NAME

NAME

NAME

3. The Trust is currently in full force and effect.

4. We certify that we are the acting Trustees and have been granted, by the terms of the trust, unlimited authority to sell, assign, dispose, or otherwise transfer any interest in any vehicles/vessels/outboard motors/manufactured homes to or from this trust.

5. We certify that the foregoing statements are true and correct under penalty of perjury.

This statement was executed at

COUNTY (OR CITY OF ST. LOUIS)

County, Missouri on

DATE

By execution of this document, the undersigned acknowledges that all information contained on this form is a public record under Chapter 610 and may be disclosed upon proper request.

SIGNATURE OF THE TRUSTEE(S)